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PTO/SB/05 (8/05)

Approved for use through 10/31/2002 OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 03000- P0004C	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor Wesley W. Whitmyer, Jr.	
		Title Web Site Automating Transfer of Intellectual	
		Express Mail Label No. EL570204548US	
<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 10] (preferred arrangement set forth below) - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claims(s) - Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawings(s) (35 USC 113) Total Sheets 2		<b>ACCOMPANYING APPLICATION PARTS</b>	
5. <input type="checkbox"/> Oath or Declaration Total Pages 2 a. <input checked="" type="checkbox"/> New executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation divisional with Box 17 completed) c. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Other	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76 <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part of prior application No. 09/612,420 Prior application information Examiner Group/Art Unit			
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>18. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number of Bar Code Label 24126 <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)			
Name		Wesley W. Whitmyer, Jr.	
Address		St. Onge Steward Johnston & Reens LLC 986 Bedford Street	
City	Stamford	State	CT
Zip Code	06905-5619		
Country	United States	Telephone	203 324-6155
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Name (Print/Type)	Todd M. Oberdick	Registration No. (Attorney/Agent)	44,268
Signature	Todd M. Oberdick	Date	11/29/00

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Times will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OF COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

Complete if Known

Application No. Pending  
 Filing Date November 29, 2000  
 First Named Inventor Wesley W. Whitmyer, Jr.  
 Examiner Name  
 Group Art Unit

 J-945 U.S. PTO  
 09/25/00  
 11/29/00

TOTAL AMOUNT OF PAYMENT (\$ ) 355.00 Attorney Docket Number 03000- P0004C WWW/CJP

## METHOD OF PAYMENT (check one)

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payment to

Deposit  
Account  
Number

19-4516

Deposit  
Account  
Name

St.Onge Steward Johnston &amp; Reens LLC

- ☒
- Charge Any Additional Fee Required 37 CFR 1.16 and 1.17
- 
- ☒
- Applicant claims small entity status
- 
- See 37 CFR 1.27

2. ☒ Payment Enclosed

- ☒
- Check
- ☐
- Money
- ☐
- Other
- 
- Order

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	355.00
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	780	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$ ) 355.00

## 2. EXTRA CLAIMS FEES

Total Claims	Extra Claims	Fee from Below	Fee Paid
10	-20**=	0	-0-
3	-3=	0	-0-
Multiple Dependent			

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claims, if not paid
108	80	208	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

\*\* or number previously paid, if greater, For Reissues, see above

SUBTOTAL (2) (\$ ) -0-

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing for or oath	
127	50	227	25	Surcharge - late provisional filing or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840	Requesting publication of SIR after Examiner Action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
126	240	126	240	Submission of Informational Disclosure Stmt	
581	40	581	40	Recording each patent assignment per Property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37(CFR § 1.129(a)))	
149	710	249	355	For each additional invention to be Examined (37 C.F.R. 1.129(h))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

\* Reduced by Basic Filing Fee paid SUBTOTAL (3) (\$ ) -0-

SUBMITTED BY St.Onge Steward Johnston &amp; Reens LLC

Complete (if applicable)

Name (Print Type)	Todd M. Oberdick	Registration No (Attorney/Agent)	44,268	Tel#	203 324-6155
Signature	Todd M. Oberdick			Date	11/29 /00